

Officer Suicide
Lesson Plan
Instructor Guide

COURSE TITLE: Suicide

INSTRUCTIONAL GOALS: This course will assist the student in identifying signs of a suicidal person.

This course will provide the student with techniques to response to a suicide attempt.

This course will provide the student with techniques to approach and/or calm a person who may attempt suicide.

INSTRUCTIONAL OBJECTIVES:

Upon completion of this block of instruction the participant will be able to:

1. Define the term suicide.
2. Identify the physical, cognitive, behavioral and emotional signs associated with suicide.
3. Identify warning signs of suicide.
4. Respond to a suicide attempt and techniques to approach a person who may attempt suicide.

INSTRUCTIONAL METHODS: Lecture, PowerPoint presentation, visual/audio aides, discussion.

HANDOUTS: None

COURSE DURATION: 1 hour

CURRICULUM REFERENCES: Power Point Rio Rancho Police Department

SAFETY CONSIDERATION: None

EQUIPMENT, PERSONNEL, AND SUPPLIES NEEDED: COMPUTER, AUDIO/VISUAL AIDS

TARGET AUDIENCE: NEW MEXICO LAW ENFORCEMENT CADETS AND RECRUITS

COURSE PREREQUISITES: NONE

INSTRUCTOR CERT.: GENERAL POLICE

INSTRUCTOR RATIO: 1/40

EVALUATION STRATEGY: BLOCK TEST

AUTHOR & ORIGINATION DATE: NMDPS TRD Basic Bureau 01/02/14

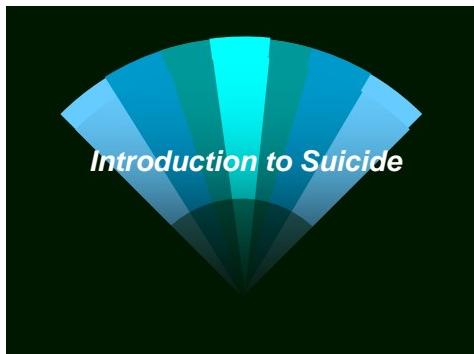
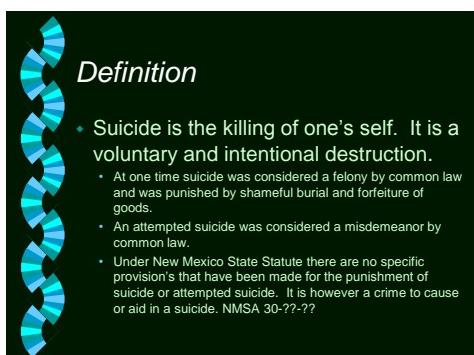
REVISION / REVIEW DATE(S):

REVISED / REVIEWED BY:

COURSE OUTLINE: Outline of course listing topic and sub-topics in standard outline format ie: I. Content Heading
 A. Main content topic
 1. Content sub-topic

ADDITIONAL INSTRUCTOR NOTES

COURSE CONTENT:

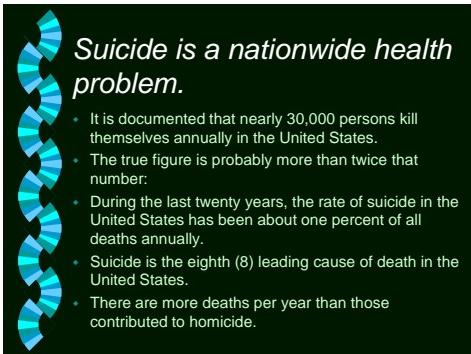
***Introduction to Suicide******Definition***

- Suicide is the killing of one's self. It is a voluntary and intentional destruction.
 - At one time suicide was considered a felony by common law and was punished by shameful burial and forfeiture of goods.
 - An attempted suicide was considered a misdemeanor by common law.
 - Under New Mexico State Statute there are no specific provision's that have been made for the punishment of suicide or attempted suicide. It is however a crime to cause or aid in a suicide. NMSA 30-??-??

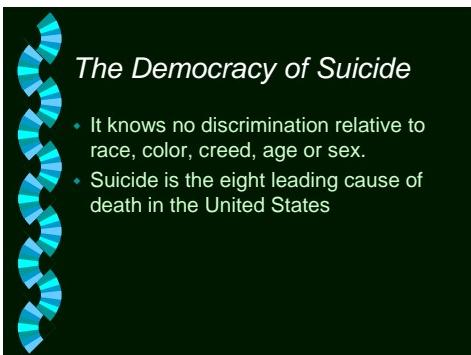
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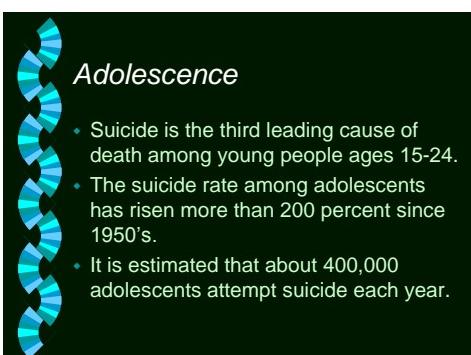
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Suicide is a nationwide health problem.

- w It is documented that nearly 30,000 persons kill themselves annually in the United States.
- w The true figure is probably more than twice that number:
- w During the last twenty years, the rate of suicide in the United States has been about one percent of all deaths annually.
- w Suicide is the eighth (8) leading cause of death in the United States.
- w There are more deaths per year than those contributed to homicide.

The Democracy of Suicide

- w It knows no discrimination relative to race, color, creed, age or sex.
- w Suicide is the eight leading cause of death in the United States

Adolescence

- w Suicide is the third leading cause of death among young people ages 15-24.
- w The suicide rate among adolescents has risen more than 200 percent since 1950's.
- w It is estimated that about 400,000 adolescents attempt suicide each year.



Elderly

- Seniors over 65 have the largest suicide rate.
- The suicide rate among seniors is 50 percent higher than the national average. Fifteen seniors commit suicide each day, while approximately 1,000,000 attempts are made by all people.

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- When a police suicide occurs, the impact reaches far beyond the victim.
- The event shakes the very core of law enforcement-to preserve life, not destroy it.

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PTSD in Officers



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Physical Signs

- Jumpiness: startle at sudden sounds or movement
- Tension: aches, pains; trembling, poor coordination
- Cold sweat; dry mouth; pale skin; eyes hard to focus
- Feeling out of breath; hyperventilating until fingers and toes go numb or cramp
- Upset stomach; vomiting, diarrhea, constipation, frequent urination
- Fatigue: feel tired, drained; takes effort to move
- Distant, haunted, "1000" mile stare



Cognitive Signs

- Difficulty making decisions
- Confusion
- Disorientation
- Poor concentration
- Memory loss, especially for recent events
- Unable to perform multiple tasks
- Flashbacks (either visual or auditory)



Emotional signs

- Grief
- Guilt
- Depression
- Anger
- Resentment
- Anxiety/fear
- Feelings of numbness
- Feelings of being overwhelmed
- Constant second guessing/self doubting
- Feeling detached from reality

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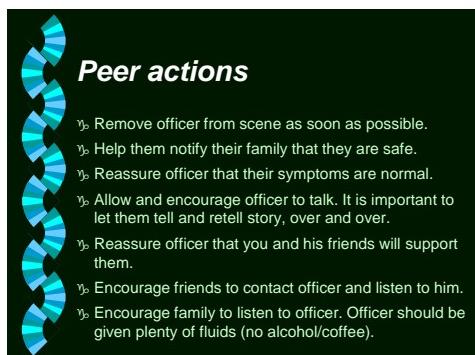
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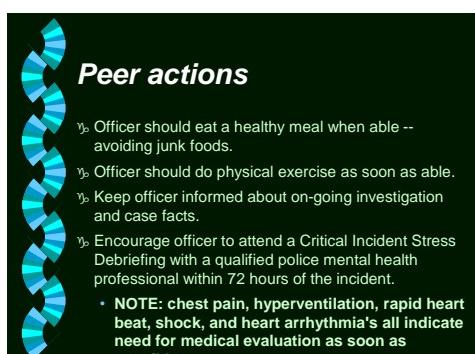
Behavioral Signs

- Decreased job performance
- Withdrawn from friend/colleagues/family
- Outbursts (either crying or laughing)
- Changes in normal humor patterns
- Excessive talkativeness or silence
- Hyperactive behavior



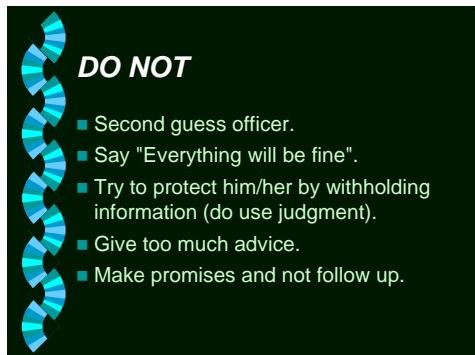
Peer actions

- g Remove officer from scene as soon as possible.
- g Help them notify their family that they are safe.
- g Reassure officer that their symptoms are normal.
- g Allow and encourage officer to talk. It is important to let them tell and retell story, over and over.
- g Reassure officer that you and his friends will support them.
- g Encourage friends to contact officer and listen to him.
- g Encourage family to listen to officer. Officer should be given plenty of fluids (no alcohol/coffee).

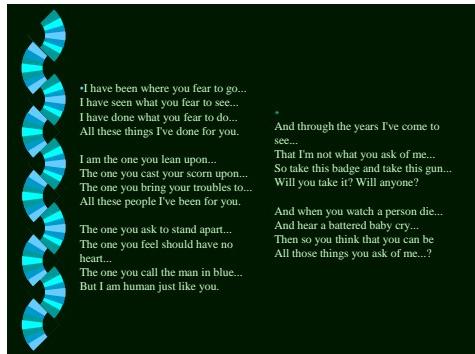


Peer actions

- g Officer should eat a healthy meal when able -- avoiding junk foods.
- g Officer should do physical exercise as soon as able.
- g Keep officer informed about on-going investigation and case facts.
- g Encourage officer to attend a Critical Incident Stress Debriefing with a qualified police mental health professional within 72 hours of the incident.
 - NOTE: chest pain, hyperventilation, rapid heartbeat, shock, and heart arrhythmia's all indicate need for medical evaluation as soon as possible.

**DO NOT**

- Second guess officer.
- Say "Everything will be fine".
- Try to protect him/her by withholding information (do use judgment).
- Give too much advice.
- Make promises and not follow up.



- I have been where you fear to go...
I have seen what you fear to see...
I have done what you fear to do...
All these things I've done for you.

I am the one you lean upon...
The one you cast your scorn upon...
The one you bring your troubles to...
All these people I've been for you.

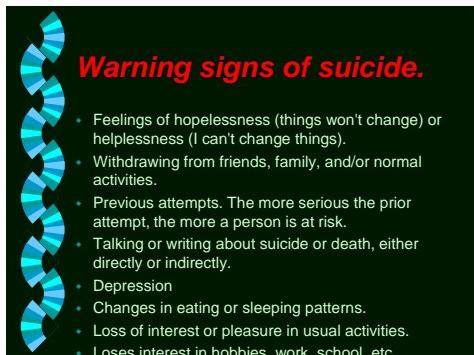
The one you ask to stand apart...
The one you feel should have no heart...
The one you call the man in blue...
But I am human just like you.

- And through the years I've come to see...
That I'm not what you ask of me...
So take this badge and take this gun...
Will you take it? Will anyone?

And when you watch a person die...
And hear a battered baby cry...
Then so you think that you can be
All those things you ask of me...?



Suicide

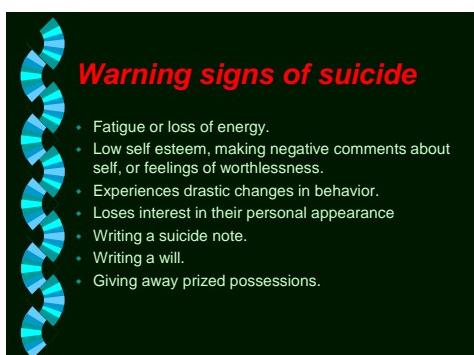


Warning signs of suicide.

- Feelings of hopelessness (things won't change) or helplessness (I can't change things).
- Withdrawing from friends, family, and/or normal activities.
- Previous attempts. The more serious the prior attempt, the more a person is at risk.
- Talking or writing about suicide or death, either directly or indirectly.
- Depression
- Changes in eating or sleeping patterns.
- Loss of interest or pleasure in usual activities.
- Loses interest in hobbies, work, school, etc.

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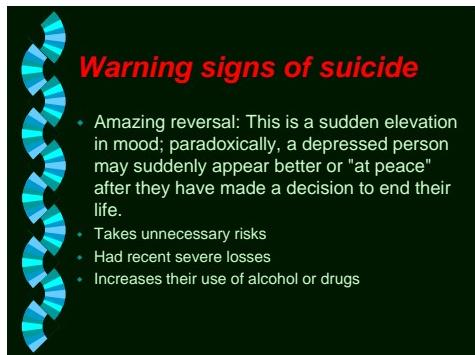


Warning signs of suicide

- Fatigue or loss of energy.
- Low self esteem, making negative comments about self, or feelings of worthlessness.
- Experiences drastic changes in behavior.
- Loses interest in their personal appearance
- Writing a suicide note.
- Writing a will.
- Giving away prized possessions.

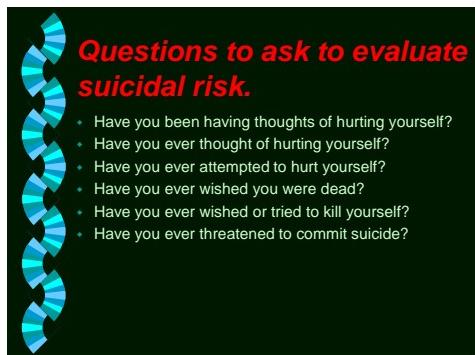
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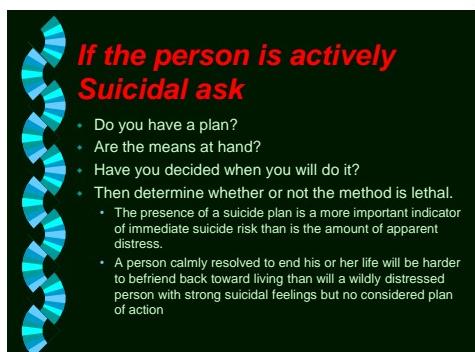
Warning signs of suicide

- w Amazing reversal: This is a sudden elevation in mood; paradoxically, a depressed person may suddenly appear better or "at peace" after they have made a decision to end their life.
- w Takes unnecessary risks
- w Had recent severe losses
- w Increases their use of alcohol or drugs



Questions to ask to evaluate suicidal risk.

- w Have you been having thoughts of hurting yourself?
- w Have you ever thought of hurting yourself?
- w Have you ever attempted to hurt yourself?
- w Have you ever wished you were dead?
- w Have you ever wished or tried to kill yourself?
- w Have you ever threatened to commit suicide?



If the person is actively Suicidal ask

- w Do you have a plan?
- w Are the means at hand?
- w Have you decided when you will do it?
- w Then determine whether or not the method is lethal.
 - The presence of a suicide plan is a more important indicator of immediate suicide risk than is the amount of apparent distress.
 - A person calmly resolved to end his or her life will be harder to befriend back toward living than will a wildly distressed person with strong suicidal feelings but no considered plan of action

What you can do

What you can do

- Take the threat seriously
- Believe and trust your suspicions that the person may be self-destructive
- Be direct. Talk openly and matter-of-factly about suicide
- Listen! Allow expressions of feelings. Accept the feelings
- Be nonjudgmental
- Be empathetic
- Get involved. Become available. Show interest and support
- Don't dare him or her to do it

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- Don't act shocked. This will put distance between you
- Don't be sworn to secrecy. Seek support
- Offer hope that alternatives are available but do not offer empty assurances
- Take action. Remove means, such as guns or stockpiled pills
- Get help from persons or agencies specializing in crisis intervention and suicide prevention

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What not to do

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- Don't give advice
- Don't dare him or her to "do it."
- Don't act shocked
- Don't allow yourself to be sworn to secrecy
- Don't lecture, blame, or preach to person
- Don't criticize person or their choices or behaviors
- Don't debate the pros and cons of suicide or whether suicide is right or wrong
- Don't be misled by the person telling you the crisis is over

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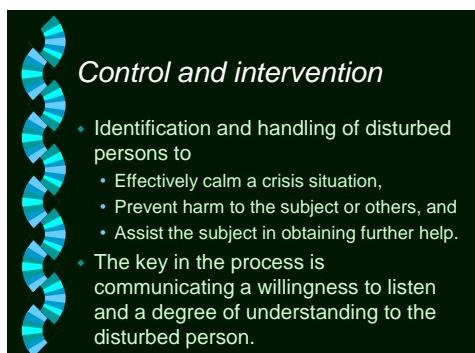


What not to do

- w Don't deny the persons suicidal ideas
- w Don't try to challenge for shock effects
- w Don't leave the person isolated, unobserved, and disconnected
- w Don't be passive. Keep calm
- w Don't overreact
- w Don't get sidetracked on extraneous or external issues or persons
- w Don't glamorize, martyrize, or glorify, suicidal behavior, past or present
- w Don't forget to follow up if possible



First Response to an attempted suicide



Control and intervention

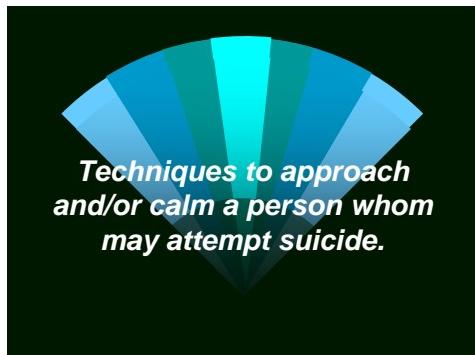
- w Identification and handling of disturbed persons to
 - Effectively calm a crisis situation,
 - Prevent harm to the subject or others, and
 - Assist the subject in obtaining further help.
- w The key in the process is communicating a willingness to listen and a degree of understanding to the disturbed person.

Operational Safety Measures:

- w Maintain a position of safety
 - Cover and concealment are necessary in suicide cases as they are in any high-risk situations because suicides often involve weapons.
 - Firearms are most commonly used to commit suicide.
 - The officer should not approach a suicidal person who has a weapon in his or her hand.
 - The officer should, when the situation warrants it, have his or her weapon drawn.
 - The officer should be aware of the “suicide-by-cop” syndrome, wherein the suicidal person deliberately provokes the officer into using deadly force.
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Operational Safety Measures (Con’t)

- w medical personal.
- w Develop an initial intervention plan.
- w Advise backup and medical units of circumstances.
- w Confine and isolate the situation.
- w Delay rapid actions (time is a tool; use it as much as possible).
- w Remain calm.
- w Be aware of the environment (look for weapons/potential weapons).
- w Note entrances and exits and swing of the doors.
- w Survey site damage (this may indicate degree of violence).



Techniques to approach and/or calm a person whom may attempt suicide.



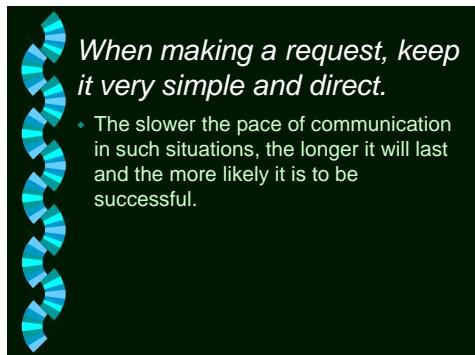
Use the person's first name or nickname.

- w When asking about a person's name it is important to find out what he/she prefers to be called. (e.g. "Do you like to be called John or is there another name that you prefer?") Most people will respond to that kind of question because it is a courtesy that shows respect
- w very low sense of self-esteem or someone who is acting out in sudden rage,
 - this person may be wielding power for the first time in his/her life.
 - Thus referring to such a person by a first name or nickname could challenge his/her illusion of power.



Suicidal people can be manipulative

- They will threaten self-destruction to make the other person feel guilty or sorry and thereby obtain what they want.
- Domestic Disputes



When making a request, keep it very simple and direct.

- The slower the pace of communication in such situations, the longer it will last and the more likely it is to be successful.

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Techniques used to calm and or stabilize a situation involving a suicide attempt.

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Good communication skills are the most effective tool an officer can have.

- Effective communication techniques are nonphysical tools to calm and resolve a crisis and to make contact with someone who is emotionally disturbed.
- Be quiet after asking a question:
 - listen carefully as you question the subject.
- Remember suicide situations are unstable. In addition to the risk of suicide, there is the risk of homicide. These situations should be continually evaluated.

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Suicide Guidelines

- Get as much information on the subject as possible and put it in your report.
 - Medical Professionals, Hospitals
 - Medications
 - Emergency Contacts
 - Method
 - Positive things (family, friends, interests)
 - Negative things (work, spouse, losses)
- Any information that would aid in a second response

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Suicide Guidelines (Cont)

- Most suicidal people are not out of touch with reality.
- The suicidal person's overriding feeling is hopelessness; they see suicide as the only way out of their problems.
- Suicidal persons may get others to kill them (the police).
- In general, rushing in to rescue a suicidal person increases the risk to everyone.
- Don't make any sudden moves except as a last resort.

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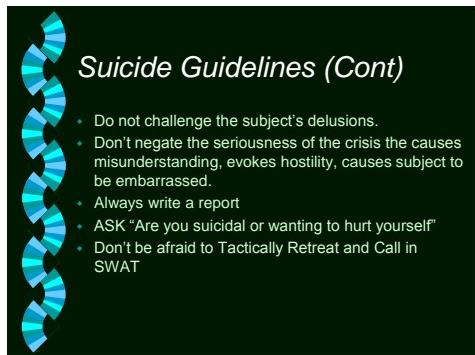


Suicide Guidelines (Cont)

- Remove people/things that upset the person; bring in people/things, which calm down the person.
- Protect yourself from becoming a victim.
- Prepare, have a plan.
- Maintain at least a 6 ft. reactionary distance (gap) until you're ready to act.
- Stand at an oblique angle with gun side turned away from the subject, so weapon is not exposed. Use the field interrogation stance.
- Always watch the hands, as they are the delivery system, if the subject is going to harm himself/herself or the officer.

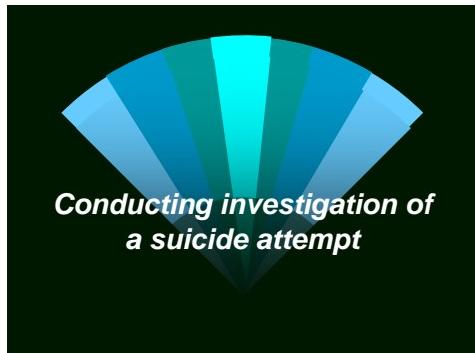
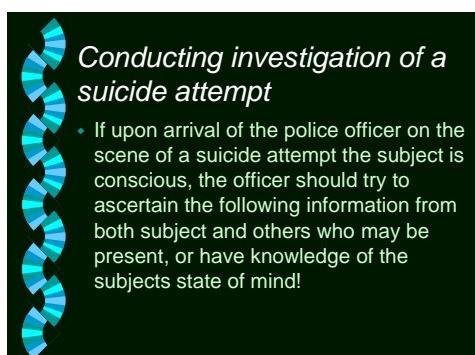
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***Suicide Guidelines (Cont)***

- Do not challenge the subject's delusions.
- Don't negate the seriousness of the crisis the causes misunderstanding, evokes hostility, causes subject to be embarrassed.
- Always write a report
- ASK "Are you suicidal or wanting to hurt yourself"
- Don't be afraid to Tactically Retreat and Call in SWAT

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***Conducting investigation of a suicide attempt******Conducting investigation of a suicide attempt***

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- Domestic Dispute
- Crisis event
- Medical Diagnosis

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- w Crisis event
- w Medical Diagnosis



Has the subject experienced a significant loss?

- Loss of a job in the last six months.
- Has his/her relationship broken up in the last six months?
- Divorce, separation, or death of a spouse (the suicide rate of the divorced and widowed is higher than that of the married).
- Does he/she have a close friend or family member who has died in the last six months?

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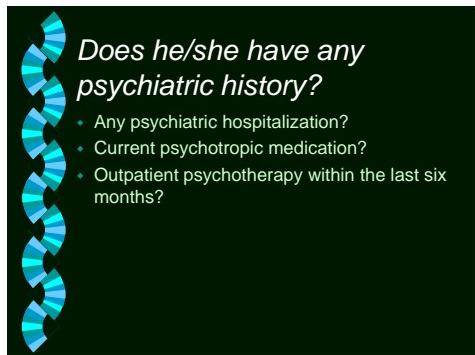


Is he/she currently worried about any major problems?

- Has had serious financial or family problems?
- Has he/she given away personal possessions recently?
- Has he/she or anyone close to him/her have serious medical problems?
- Does he/she fear the loss of their job?

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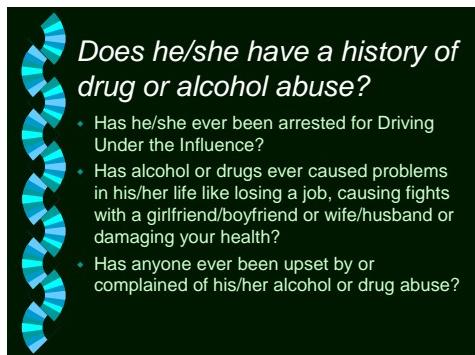
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***Does he/she have any psychiatric history?***

- Any psychiatric hospitalization?
- Current psychotropic medication?
- Outpatient psychotherapy within the last six months?

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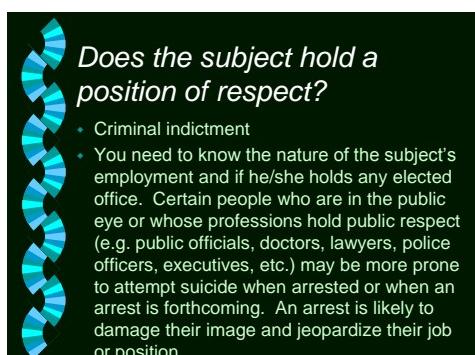
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***Does he/she have a history of drug or alcohol abuse?***

- Has he/she ever been arrested for Driving Under the Influence?
- Has alcohol or drugs ever caused problems in his/her life like losing a job, causing fights with a girlfriend/boyfriend or wife/husband or damaging your health?
- Has anyone ever been upset by or complained of his/her alcohol or drug abuse?

Does he/she have a history of drug or alcohol abuse?

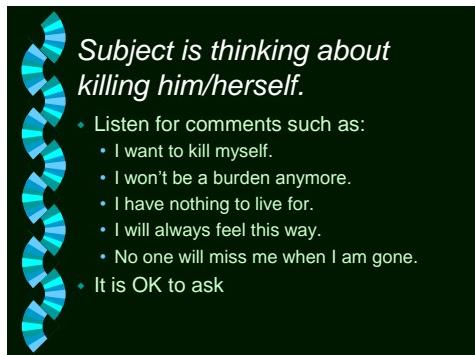
- w Has he/she ever been arrested for Driving Under the Influence?
- w Has alcohol or drugs ever caused problems in his/her life like losing a job, causing fights with a girlfriend/boyfriend or wife/husband or damaging your health?
- w Has anyone ever been upset by or complained of his/her alcohol or drug abuse?

***Does the subject hold a position of respect?***

- Criminal indictment
- You need to know the nature of the subject's employment and if he/she holds any elected office. Certain people who are in the public eye or whose professions hold public respect (e.g. public officials, doctors, lawyers, police officers, executives, etc.) may be more prone to attempt suicide when arrested or when an arrest is forthcoming. An arrest is likely to damage their image and jeopardize their job or position.

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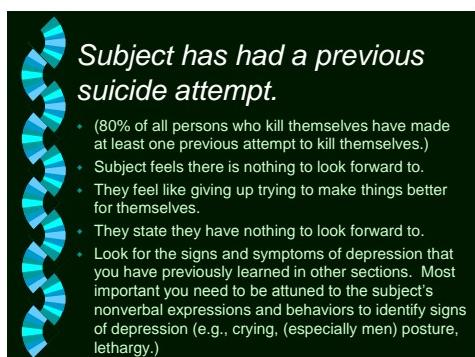
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***Subject is thinking about killing him/herself.***

w Listen for comments such as:

- I want to kill myself.
- I won't be a burden anymore.
- I have nothing to live for.
- I will always feel this way.
- No one will miss me when I am gone.

It is OK to ask

***Subject has had a previous suicide attempt.***

w (80% of all persons who kill themselves have made at least one previous attempt to kill themselves.)

w Subject feels there is nothing to look forward to.

w They feel like giving up trying to make things better for themselves.

w They state they have nothing to look forward to.

w Look for the signs and symptoms of depression that you have previously learned in other sections. Most important you need to be attuned to the subject's nonverbal expressions and behaviors to identify signs of depression (e.g., crying, (especially men) posture, lethargy.)

***Conducting the initial investigation of a suicide.***

Treat Like a Homicide Investigation

- With the lack of an eyewitness, a conclusion of suicide can only be drawn after
 - a careful study of the type of injury,
 - the presence of the weapon or instrument of death,
 - the existence of a motive, and
 - elimination of a theory of murder, accident, or natural causes.

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- Combination of methods.
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- Direction of wound.
- Hesitation Marks
- Stippling
- Painfulness.
- Disfigurement considerations.
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- Suicide Note

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ADDITIONAL INSTRUCTOR NOTES

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Conclusion: In conclusion this instruction is intended to give the cadet/recruit a basic understanding of Suicide. The cadets will gain basic knowledge on different types of behaviors a suicidal subject may possess. The cadets will also gain knowledge on ways to respond to a suicidal subject.

COURSE AUDIT

SECONDARY INSTRUCTOR:

SUPPORT STAFF (i.e.: Scenario Managers, Role Players, etc):

DATE(S)/ TIME(S) OF INSTRUCTION:

LOCATION OF INSTRUCTION:

RECOMMENDED CURRICULUM CHANGES:

COURSE AUDIT (Continued)

ADDITIONAL INSTRUCTOR COMMENTS: (If any portion of the course content was not presented, indicate the specific content here)

Primary Instructor

Reviewed by Program Coordinator

Reviewed by Bureau Chief

Reviewed by LEA Director or Designee